From Admission to Discharge: Use of the Transition Guide and Role of the Nurse

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INDIVIDUAL IS TAKEN TO THE EMERGENCY ROOM

RN calls to check on status of the individual

RN inquires if individual will be admitted and admitting diagnosis

RN verifies vital information on health passport

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ON ADMISSION

RN gives quick updates to charge or primary hospital RN and contacts the attending physician

- Verify vital information on the Health Passport
- Inquire about expected length of hospital stay
- Inquire about admitting diagnosis
- Confirm code status

Talks with primary nurse and/or social worker regarding visit with the individual.
Purpose of RN’s Visit to the Hospital

- Advocacy for the individual
  - Communication methods
  - Appropriate diet/food intolerances
  - Proper use of adaptive equipment
  - Elopement risk

- Obtain update on medical status and begin to consider changes that may be needed at discharge

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Purpose of RN’s Visit to the Hospital (cont’d)

- Level of care
- Communication with QDDP and DDA Service Coordinator regarding the Plan of Care

Update the PCP and Medical Specialist (when appropriate) regarding the individual’s status
Discharge Meeting

Prior to meeting, RN does bedside assessment
During discharge meeting focus on:
- Medication reconciliation--questions
- Current diet order
- Tube feed/flushes (if indicated)
- Changes in mobility status
- Skin care needs
- Elimination patterns

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Preparation for Discharge in Home Setting

- Staffing Needs
- Medications
- Staff training (Nursing, nutritionist, PT, OT, SLP, as indicated)
- Adaptive Equipment
- Supplies-Medical & Dietary
- Modification of environment as needed

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Discharged to the Home Setting

- Nursing assessment completed
- Documentation completed
  - Transcribe discharge orders and update MARs
  - Update the Health Passport and HMCP
  - Observe staff providing care to the individual
- Follow-up with calls/visits to the homes for 3 – 7 days
- Note any changes or reactions to new medications and/or treatments

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Follow-Ups

- Visit with PCP
  - Prepare copies of discharge summary and orders
  - Obtain clearance to attend day program
- Visit with other specialties as needed
  - Prepare copies of discharge summary and orders
- Set up conference with the day program staff to update plan of care